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FEATURES OF THE CLINIC, EARLY DIAGNOSTICS AND TONZILLITIS

Summery. The study examined the features of the clinical picture, methods of modern diagnosis and prevention of tonsillitis caused by S. pyogenes. The ubiquity, severity of the disease, and high frequency of adverse outcomes highlight the relevance of diseases caused by S. pyogenes. At the same time, it is necessary to increase the vigilance of practitioners in making a diagnosis in order to make a timely correct choice of therapy and prevent complications from streptococcal infections.

Key words: Streptococcus pyogenes, tonsillitis, invasive streptococcal infections, antibacterial therapy.

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ОСОБЕННОСТИ КЛИНИКИ, РАННЕЙ ДИАГНОСТИКИ И ТОНЗИЛЛИТОВ

В исследовании изучены особенности клинической картины, методов современной диагностики и профилактика тонзиллитов, вызванных *S.pyogenes*. Повсеместное распространение, тяжесть заболевания, высокая частота неблагоприятных исходов подчеркивает актуальность заболеваний, вызванных *S.pyogenes*. Вместе с тем, требуется повышение бдительности практических

врачей в постановке диагноза с целью своевременного правильного выбора терапии и профилактики осложнений от стрептококковых инфекций.

Ключевые слова: *Streptococcus pyogenes*, тонзиллит, инвазивные стрептококковые инфекции, антибактериальная терапия.

Relevance of the topic. Among the bacterial pathogens of pharyngeal diseases, the most close attention is paid to beta-hemolytic streptococci of group A [2,5]. According to experts of the World Health Organization, more than 100 million cases of primary SI (group A) are registered annually in the countries of the world, and the prevalence of rheumatic heart diseases varies widely — from 1 to 22 cases per 1000 children [1]. According to available data, more than 616 million people worldwide report streptococcal infections as tonsillopharyngitis every year. pyoderma in 111 million cases and in the form of severe invasive infections in 660 thousand cases. In addition, the level of post-infectious complications of streptococcal infection is high. Thus, about 15.5 million people get rheumatic fever, and more than 0.5 thousand people get acute glomerulonephritis [3].

In the absence of licensed vaccines, current public health strategies for S. pyogenes disease focus on measures to minimize transmission and protect people at risk of invasive severe forms of the disease [4].

Objective: to study the clinical features of tonsillitis caused by beta-hemolytic streptococcus group A, to develop algorithms for their early diagnosis and prevention.

Materials and methods: A prospective study of 335 patients aged 10 to 50 years with a diagnosis of "acute tonsillitis", hospitalized in the angina department of the infectious diseases hospital of the Andijan region and the clinic of the Research Institute of Epidemiology, Microbiology and Infectious Diseases. The clinical and laboratory data of the patients were analyzed. A rapid test (immunochromatographic method

"StreptotestR" France) was also performed to determine the beta-hemolytic streptococcus of group A.

Results of the study: The examined patients were hospitalized during the acute period of the disease (1st day of the disease (32), on 2-4 days of the disease (160), cases of late hospitalization 5-6 days 39 of patients from the onset of the disease). Patients (51) had contact with a patient with scarlet fever, angina in the family, at school, etc. According to the nature of the local process, catarrhal angina was mainly diagnosed-37 patients, follicular angina-198 patients, lacunar angina – 69 patients. Fibrinous necrotic angina was diagnosed in 1 patient. Of the 335 samples of nasopharyngeal mucus, S. pyogenes was identified in 135 patients, of which S. pyogenes was isolated by culture from 53 patients and by immunochromatography from 72 patients.

The clinical picture of streptococcal angina in all patients was characterized by an acute onset with an increase in body temperature to 39-40 ° C and was accompanied by chills. At the same time with fever, most patients also noted the phenomena of general infectious intoxication syndrome of varying severity. At the same time, all patients had pain, increased swallowing, and hoarseness of voice in 89 (66%) patients. An increase in the cervical lymph nodes, painful on palpation, was registered in the vast majority of patients. Other organs and systems were also involved in the pathological process: on the part of the cardiovascular system, only one had an arrhythmia. On the part of the respiratory system, auscultation was observed in 44 patients with hard breathing, 23 patients with dry wheezing, and 5 patients with wet wheezing. 91 patients had a non-smooth course, which was caused by concomitant diseases in 39 cases, and complications in 84 cases. The most frequent complication – otitis media-was observed in 13 patients. Acute laryngitis was observed in 12 patients, acute sinusitis in 9 patients, and 3 patients with laryngeal edema.

The analysis of peripheral blood in the acute period of the disease revealed leukocytosis, relative neutrophillosis, ESR in 4 patients did not exceed 9 mm / h, 17 patients-exceeded 10 mm / h, in 114 patients – from 10 to 20 mm/h.

Discussion and conclusions.

1. The characteristic clinical and laboratory feature of current streptococcal tonsillitis patients was acute onset of the disease (hyperthermia, intoxication, the defeat of the tonsils and cervical lymph nodes), as well as the definition of leukocytosis only most patients, with a simultaneous increase of erythrocyte sedimentation rate with 10-20 mm/h.

2. Under a combination of clinical and laboratory data have developed a standard case definition of acute tonsillitis, contributed to speedy recovery of patients based on its early diagnosis.

3. Since most cases of invasive disease occur sporadically, preventive measures may include: timely detection and isolation of the patient, improvement of sanitary and hygienic living conditions, identification of risk groups, antibiotic prevention and treatment.

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